

Pure Resolutions LLC

An Independent Review Organization
990 Hwy 287 N. Ste. 106 PMB 133
Mansfield, TX 76063
Phone: (817) 405-0870
Fax: (512) 597-0650
Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/22/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

500 units of Dysport X 4 for the left upper and lower extremity every three months for one year

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

PM&R and Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical report dated 03/27/12
Clinical report dated 11/06/12
Clinical report dated 04/22/13
Letter of medical necessity dated 04/22/12
Prior reviews dated 04/25/13 & 05/06/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who initially sustained an injury in xx/xx when a large steel pipe struck the side of his head. The patient sustained a traumatic brain injury which required comprehensive acute brain injury rehabilitation. The patient developed spastic hemiplegia secondary to the traumatic brain injury which has been managed with oral Baclofen. The clinical note on 03/27/12 indicated that the patient had prior response to Dysport injections which reportedly worked well. The patient was also utilizing Dilantin 100mg 3 tablets in the morning at this visit. Physical examination demonstrated weakness in the left upper and lower extremities with mild to moderate grip strength weakness. Range of motion was restricted in the left upper and lower extremities. The patient was started on oral Baclofen at this visit and was recommended for further Dysport injections. Follow up on 11/06/12 again stated that the Dysport injections have worked well in the past and the patient denied any recent seizure activity. The last series of Dysport injections were performed in July of 2012. Physical examination demonstrated a circumduction gait with left hip rolling for gait

compensation. There was mild to moderate weakness in the bilateral lower extremities. The patient was wearing ankle foot orthoses. Tone was reduced in the left lower extremity as compared to the right. The patient was again recommended for Dysport injections. Follow up on 04/22/13 stated the patient has been stable with Dilantin in regards to myoclonic seizures. Physical examination was essentially unchanged in regards to the left upper and lower extremities. The patient was again recommended for Dysport injections.

The Dysport injections x 4 for the left upper and lower extremity every 3 months for 1 year was denied by utilization review on 04/25/13 as the clinical documentation did not objectively support the use of ongoing Dysport injections. The report indicated that there were subjective reports of improvement only with no documentation regarding a benefit in regards to range of motion, strength, or function to support ongoing Dysport injections. There is also no indication that the patient was continuing with an exercise program to be used in conjunction with injection therapy.

The request was again denied by utilization review on 05/06/13 as there was no documentation regarding significantly enhanced functional capabilities with the Dysport injections.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient sustained a traumatic brain injury secondary to the work injury in xx/xx. The patient has been managed with oral Baclofen, Dilantin, and has undergone Dysport injections as recently as July of 2012. Although the clinical documentation provided for review does state the patient received benefits from the Dysport injections, the clinical documentation does not explicitly identify what functional improvements were obtained with Dysport injections. No physical examination findings from the time of the injections was provided for review establishing that the patient developed any significant acute functional improvements with the use of Dysport injections that would support ongoing use of these injections throughout the next year. Given the lack of any documentation regarding objective functional improvement, it is this reviewer's opinion that medical necessity is not established for the requested services and the prior denials remain upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES